

## Section A

**Required Client Information:**

Company: USS Corporation

Address: P.O. Box 417

Mountain Iron, MN 55768

Email: [trnoe@u.s.s.com](mailto:trnoe@u.s.s.com)

Requested Data:

**Requiescu Due Date:**

## Section B

### Required Project Information

Report To: Tom Moore

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Purchase Order #:

Project #:	Project Name:
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97	Project 97
98	Project 98
99	Project 99
100	Project 100

## Section C

**Invoice Information:**

**Attention:**

Company Name:

Address:

Face Quore:

Project Name:

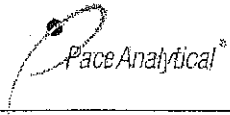
PM: 1114

**Due Date:** 08/17/16

# 1 of 1

**CLIENT: USS CORP**

[illegible]

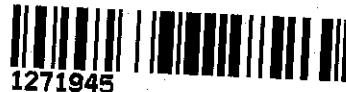
	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb 2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition  
Upon Receipt**

Client Name:

Project #:

**WO#: 1271945**



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☒ Yes ☐ No      Seals Intact? ☒ Yes ☐ No      Optional: Proj. Due Date: \_\_\_\_\_ Proj. Name: \_\_\_\_\_

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☒ Other: \_\_\_\_\_      Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808      Type of Ice: ☐ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 0.4      Cooler Temp Corrected °C: 0.7      Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C      Correction Factor: +0.3      Date and Initials of Person Examining Contents: TJ BDL 8-3-16

Comments: \_\_\_\_\_

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)